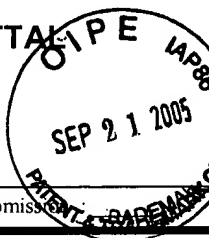


TRANSMITTAL TYPE FORM



Application Number:	09/447,681
Filing Date:	11/23/1999
First Named Inventor:	Jack A. Roth
Part Unit:	1632
Examiner Name:	Crouch, Deborah
Attorney Docket Number:	INRP:003--2

Total Number of Pages in this Submission: _____

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> References _____
<input type="checkbox"/> Certified Copy of Priority Documents
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application
<input type="checkbox"/> Reply to Missing Parts/Requirements
<input type="checkbox"/> Declaration(s) _____
<input type="checkbox"/> Copy of Notice of Missing Parts/Requirements | <input type="checkbox"/> Drawings(s) _____
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Statement under 37 CFR §3.73(b)
<input type="checkbox"/> Designation of Patent Practitioners
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Checks in the amount of \$395.00 & 510.00
<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted
Deposit account number: <u>50-1212/INRP:003--2</u>
<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Computer Readable Form (CRF)
<input checked="" type="checkbox"/> Postcard
<input checked="" type="checkbox"/> Request for Continued Examination
<input type="checkbox"/> _____ |
|---|---|---|

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	Gina N. Shishima	Reg. No.	45,104
Date	September 19, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	Gina N. Shishima	Date	September 19, 2005